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ORIGINAL DEPARTMENT.

Communications.

LITHOTOMIA MEDIO-PERINEALIS.

By A. G. WALTER, M. D.,

Of Pittsburgh, Pa.

The medio-perineal section, for the removal of stone from the bladder, has not yet received that patronage from the profession, which it more than deserves, on account of the simplicity of its execution, its general applicability, its immunity from danger, the known character of dilatability of the neck of the bladder—not yet being fully appreciated—and the rapidity of recovery of the patient.

Though the outlets of the human body, surrounded as they are by concentric muscular fibres, are closed when not called into action, they are, nevertheless, endowed with a great degree of distensibility, allowing of gradual distension to an extent hardly credible. This wise provision of nature and her ingenious foresight, in thus providing for the contingency of more ample space, whenever needed for the removal of her own products or foreign bodies, too large to pass the orifices in their natural condition, should teach the surgeon not to interfere too hastily with them by cutting instruments, but resort to gradual, patient, and persevering dilatation, which, in a majority of instances at least, can be accomplished for the successful attainment of the object. The wonderful distensibility of the neck of the uterus and vagina, of the orifice of the rectum and of the mouth, is too well known, and instances have been recorded of the passage of large stones through the neck of the bladder unaided, except by nature's own efforts. Upon these teachings of nature, medio-perineal section rests her claims of security and preëminence, feeling confident that in all cases of stone, unless they are very large and hard, the *undivided*, yet *dilatatable* neck of the bladder is the proper and legitimate channel through which they should be extracted. The great depth of the perineum in the corpulent adult, as well as the high position

of the bladder in children, have been urged as an objection against the method of reaching the bladder through the prostatic portion of the urethra; yet medio-perineal lithotomy contents herself—and this is her triumph—with opening the urethra alone; thus leaving the bladder intact from the touch of the knife. An unusual thick adipose tissue in the perineum may have to be traversed, before the membranous portion of the urethra is reached; yet no important structures are in danger of being wounded, however deep the wound may be. The urethra thus being opened anteriorly to the bladder, this viscus is then reached by a director, along which the index finger, as dilator, is passed. Should this be too short or too large, as in the case of children, dilatation of the neck of the bladder will be accomplished with the director, which is moved about, gently passing along the walls of the neck of the bladder, or by a small bilateral dilator. Knowing nature's own operation at delivery of the foetus under ordinary circumstances as harmless, there can reasonably be no danger from dilatation of the neck of the bladder, if proceeded with *slowly, cautiously, and perseveringly*, provided that intervals of rest be granted from time to time, before stretching is resumed. This once accomplished, the removal of the stone by the forceps is easy; if resistance, however, is offered, dilatation may be renewed, or the forceps grasping the stone may be allowed by gentle traction to overcome it.

For not having closely enough watched nature's own efforts at relief, overlooking and misinterpreting many of her wise and bounteous teachings, the physician and surgeon of the present day cannot expect to see the motto of "*simplicity, security, and highest success*," in the treatment of medical and surgical cases, inscribed on the banner of his profession. Vast, though, as have been the improvements in medicine and surgery of late years, still it behooves the professional man to aim higher, striving assiduously and diligently to imitate nature in her efforts of cure, by the employment of the *safest* and most *speedy* means of relief.

The medio-perineal operation for stone, claiming simplicity, security, and success in every in-

stance, if properly chosen and skillfully performed, takes a prominent rank in modern surgery, and urges calmly, yet forcibly, its general adoption by the profession.

The history of the following case is but an instance of its success, obtained in a child of tender years, with a stone of unusual size for its age.

John Libis, son of Jacob L., aged two years, of Lawrenceville, Allegheny co., Pa., strong, hearty, and well-nourished, had been very ill while teething, before he attained his first year. For several months, his sleep was restless, interrupted by startings and screamings, while fever, diarrhoea, and vomiting continued with but slight intermissions. With the appearance of the incisor teeth, these troublesome symptoms subsided, but difficult and painful micturition set in soon after, continuing in an aggravated form to the present time. His calls to urinate were very frequent, both during the day and night, accompanied with agonizing pain, while only a few drops of urine would be evacuated at a time. The endeavors to empty the bladder were followed by prolapsus, and, for a year past, various means of relief were resorted to without avail by four medical advisers, who treated the case for ammonia urine and catarrh of the bladder, the last one attributing the cause of trouble to the elongated prepuce, urged circumcision, no stone in the bladder having been suspected by some or discovered by others. During the last three months, the sufferings of the little fellow have been very great. He urinates about every five minutes, only a few drops of urine being voided with excessive pain. Has had retention of urine several times, yielding to the prompt application of a hip-bath.

Such being the condition of the child, we were fortunate to discover a calculus of unusual dimensions on the first introduction of the sound into the bladder. A laxative having been ordered previously, with a few grains of Dover's powder and hip-bath at bed-time, on Nov. 15th, 1865, the membranous portion of the urethra was incised, one quarter inch in front of the anus, by piercing the perineum upon the staff in the bladder, a wound three-fourths of an inch long being made in the raphé, while the index-finger of the left hand, introduced into the anus, guarded the rectum from the point of the knife. Patient being under the influence of sulphuric ether, administered by Dr. C. BETZEL, a common director was now passed from the wound into the gutter of the staff, which had been held rectangulary hooked under the os pubis, and along it into the

bladder, while the staff was removed. With the director gentle and persevering dilatation of the neck of the bladder was made, by pressing all around its circumference. A polypus-forceps was next slid along the director into the bladder, and the latter withdrawn; the stone was caught and easily removed by gentle traction and lateral motion. It measured one inch in its long diameter and three-quarters in the short one, by two inches circumference in its long axis and two and one-half inches in its short one; it is very rough and heavy, of the mulberry species, almond-shaped, and of lithic acid composition. There was very little bleeding during the urethral incision, but free oozing of blood from the interior of the bladder, whose muscular coat felt very much hypertrophied. A few grains of Dover's powder were given and demulcent drinks ordered. Some febrile reaction in the evening was observed, urine mixed with blood passing freely by the perineal wound. Flannel, wrung out in hot hop-water, was laid over abdomen and bladder.

On the next day, febrile excitement continued, with quick pulse, great thirst, flushed face, and hurried respiration. Swelling and tension of the scrotum, due to effusion of blood into its areolar tissue, was present, which was relieved by free incisions, the extravasated blood thus being allowed to drain off, a flaxseed meal poultice covering the scrotum; the urine passing freely by the cut. Half a drop of Norwood's tincture of veratri was administered every three hours, with two grains of Dover's powder at bed-time. On the day following, the febrile symptoms abated, patient being cheerful and playful; rested well at night, functions normal, urine still passing by the wound, scrotum contracting and incisions suppurating. From this time the case progressed favorably, the urine passed by its natural outlet on the ninth day, the perineal wound being closed on the fourteenth day. He urinates now in a full stream without pain; some dribbling of urine, however, continued for some days longer, owing to the relaxed condition of the neck of the bladder. The orifice of the urethra is chafed, the urine still being highly acid, five drops of liquor potassæ with ten drops of tincture of hyosciam. in gruel-water, were given, with benefit, three times a day. The little patient at present passes his urine less frequently, without pain and dribbling, enjoys natural rest and appetite, and bids fair to make a speedy recovery; time only being needed for restoring the irritated mucous membrane of the bladder to its natural condition.

Hospital Reports.

PHILADELPHIA HOSPITAL, }
December 2, 1865. }

MEDICAL CLINIC OF DR. J. L. LUDLOW.

Reported by A. M. Shew, M. D., Resident Physician.

Rheumatism.

Patrick W., æt. 45, has been suffering from the quotidian form of intermittent fever during the last four weeks. Five days after admission, the chills abated, but he was immediately attacked by acute rheumatism of the left shoulder, from which he is now suffering. You remember, gentlemen, that I have, on one or two occasions, remarked the difference between rheumatism, gout, and neuralgia. In rheumatism, we find uric acid in the blood, while in gout there is urate of soda. These affections, differing, as they do, have characteristics sufficiently similar to mark them as second-cousins. They are all attended by violent agony in certain parts of the body—pain so excruciating that words fail to convey an idea of its intensity.

Rheumatism, as you are aware, is produced by a variety of causes. The Englishman, with his roast beef and ale, suffers agony in the form of gout. But here is a patient suffering from rheumatism evidently brought up by this peculiar miasmatic influence. He comes to us from Manayunk, on the Schuylkill, a district of country where intermittent fever prevails. You observe the sallow complexion and wan countenance almost pathognomonic of this disease. We shall, in this case, use sulphate of cinchonia liberally, with some preparation of iron, and a good liberal diet. People will tell you that they cannot take quinia—"It affects my head, and only increases the pain." But now we have a choice of remedies. During the last three months, our experiments in this house prove conclusively that sulphate of cinchonia will cure intermittent fever, while it has the advantage of not being attended by disagreeable head symptoms.

In the treatment of rheumatism in olden times, they bled freely and repeatedly. A little later, mercury was used to excess, and patients were salivated without mercy. Phosphate of ammonia had its day. A few years ago, propylamin, prepared from fish pickle and costing ten dollars an ounce, was lauded to the heavens as the great panacea in rheumatism. We tried it in this house without success. In a large majority of these cases we may use the saline treatment with the most gratifying results; but first, gentlemen, prepare your patients by a little preliminary treatment. Administer small doses of blue mass with neutral mixture at bed-time, followed in the morning by a full dose of Rochelle salts; then commence giving nitrate of potassa in drachm doses every three or four hours.

In spite of all this, your treatment may, as it were, hang fire, owing to a gouty diathesis. If this be the case, resort to the wine of the recent root of colchicum. I have discarded all other preparations as being unreliable. Even this may sometimes fail. We have used, years ago,

a preparation of the black snake-root, the tinct. cumicifuga racemosa of the Pharmacopœia, in doses of from xx to xxx drops. There is a preparation called Zollicoffer's Mixture, which has obtained considerable notoriety. It is composed of iodide of potassium, wine of colchicum, tr. guaiac. and syrup of sarsaparilla, an old prescription of Dr. JACKSON'S. I have used it occasionally with success. While you are pursuing these various methods of treatment, it should be your great aim to make your patient as comfortable as possible. Place him in a soft warm bed, and allow no draft of air to come in contact with the inflamed part. One of the Emperor's physicians placed the most extreme importance upon this—he would always wrap his patients in flannel. Avoid those articles of diet which increase the acids. Allow white meats, good diet, well clad wrists and ankles, and they will soon begin to enjoy the delightful effect of your treatment. As a local remedy, I often blister on each side of the joint with a small blister, and dress with morphia, and then wrap the joint in woolen cloths, wrung out in hot oil and camphor.

The remarks that I have thus far made apply principally to rheumatism and gout. In neuralgia, our treatment must necessarily differ somewhat. Of late years, much has been said and written about hypodermic medication, and, gentlemen, it is a very useful method. You may have to repeat the operation over and over again. In using the small syringe, I prefer morphia to atropia. A gentleman, who had been doing business in the East Indies, came to me suffering severe neuralgic pain in one muscle. I suspected that it was some of the old difficulty, resulting from high living. The little syringe was brought out and used just at evening, and soon he sank into a quiet slumber, the first he had enjoyed in many days. The next morning, I gave him an alterative dose of podophyllin, blue mass, and ipecac. Several years have passed, but he has never had another attack.

Epilepsy.

I have an opportunity, this morning, of contrasting two cases of the same disease, differing only in the length of duration. The first, Ellen McL., æt. 18, is a fine looking, rosy-cheeked girl, who has been in the hospital about three years, afflicted by that dreadful disease, epilepsy. In her case, the paroxysms recur every three weeks, and have seemed, from the beginning, to be connected with menstruation. This other patient, Cath. H., æt. 58, was admitted to the hospital twenty-seven years ago, and during all this time she has endured very severe epileptic fits. Do you wonder at the haggard countenance and dull eye; the meaningless, almost idiotic, smile? If any class of people demand our commiseration, it is these poor unfortunates.

Epilepsy is an affection of the nervous functions without, frequently, any lesion. Its chief manifestations are sudden and complete loss of consciousness, insensibility of the pupils to light, violent contortions of the muscles, followed by a heavy half comatose sleep and dulness of intellect. There is another form of these nervous affections called catalepsy, in which the patient seems to be in a trance, during the continuance

of which the muscles retain the exact position they may happen to be placed in at the onset. This strange complaint is met with more frequently in females than males, especially those of a hysterical temperament.

Now, what is the cause of all this derangement of the natural functions? In many cases we cannot tell. In some, it may be traced to the uterus. In others, to the gastro-intestinal track, especially in children who are allowed all sorts of crude food, or are troubled with worms. Injury to the nerves by a blow or gunshot wound may cause it. Sometimes by pressure on the brain. In this house, we have trephined in two cases, with complete recovery.

Sudden fright is often followed by epilepsy, and to prove that it is not always an organic disease, I will mention a case that came under my notice many years ago. A young man was frightened by the falling of a large stone from a new building, near which he was standing. Epilepsy came on and lasted many years. It was that peculiar form spoken of by Sir MARSHALL HALL, in which the patient seizes his throat. When he came under my care, I gave him a few simple laxative pills, and he never had another fit. It gave me such a reputation that my office was crowded with old and young, from far and near, some of recent date, and others that had existed so long that there was no intellect left, and all expecting to be cured. I was very glad when my reputation wore away. Perhaps the most prolific source of epilepsy may be found in that dreadful habit—masturbation. During the last four years, our hospitals and insane asylums have been filled with young men suffering from nervous affections brought on by this most debasing of all habits. Patients will come to your office, who are pale, weak, uncertain in their movements, half stupid, and unable to tell you the day of the month—miserable dejected creatures. Make up your minds that they are playing with their fingers. A more enervating and destructive habit cannot be imagined. It produces this miserable condition of the nervous system. Charge them with it at once, and try and make them realize the destruction they are bringing upon themselves. Should they be under your care in a hospital like this, I would advise to keep their penises constantly sore with blistering collodion; restrain their hands at night with leather muffs, and at the same time administer dulcamara, lupulin, and camphor. It will sometimes do good.

In the treatment of epilepsy, nearly every article in the materia medica has been tried with varying success. In excessive anemia, give iron; the ferro-cyanate is the best preparation. Nitrate of silver has been administered until the patient was blue; in some instances it seemed to do good. The last remedy which has been used, and I must confess that I am pleased with it, is bromide of ammonium. Try it thoroughly, gentlemen, and if you can, by this or any other remedy, be the instrumental agent of curing even one patient, you will receive the benedictions of his friends, and, better still, will have the secret consciousness of having done something to relieve suffering humanity.

UNIVERSITY MEDICAL COLLEGE,
New York, Dec. 20th, 1865.

MEDICAL CLINIC OF PROF. A. L. LOOMIS.

Reported by S. Hendrickson.

Phthisis Pulmonalis consequent upon Pleurisy.

John M., æt. 24 years, machinist. This patient was perfectly well up to one year ago. There is no hereditary disease in his family, and he has never had syphilis. About a year ago, he says that he was exposed to cold and dampness, at which time he was seized with a pain in his right side, and with difficulty of breathing. This attack was preceded by a chill. He had, at that time, neither cough nor expectoration. He was confined to his bed for two weeks. He now has a cough, which has lasted about two months, and is attended with a thick yellow expectoration. The pain in his side is constant, but not confined to one locality. He lost flesh at the time of his first sickness, which he has not regained. Thinks that he has also been losing strength. He has had some hoarseness for the past two weeks. Has no night sweats.

This patient, gentlemen, as we look in his face, presents a delicate appearance, but not strongly indicative of disease. His tongue is normal. His pulse is feeble, and rather excited, beating 100 per minute. The temperature of the skin is normal, except the hands, which are cold, and the capillary circulation in them is imperfect. As we look at his body we see that he is emaciated, and the muscles are soft and flabby. The apex-beat of the heart is visible, and in its normal position. Observing his respiration, you notice that there is very little expansion of the chest—it is an upward and downward movement. The vocal fremitus in the infra-clavicular region is about equal on the two sides. There is marked dullness, or higher pitched percussion-sound on the right side, than on the left. By auscultation, I find, on the left side, the inspiratory sound exaggerated, and the expiratory sound prolonged, but both of low pitch. On the right side, the inspiration and expiration sounds are both high pitched; respiration almost rude. Examining posteriorly, I get dullness, on percussion, in the right infra-scapular region. By auscultation, I get a healthy, breezy respiration in the left infra-scapular region, while no distinct inspiration, or expiration, can be heard in the right infra-scapular region. In the right supra-scapular region there is almost bronchial breathing, more marked than in front.

This patient then, gentlemen, a year ago, probably, had pleurisy, which has left some thickening of the pleura. Most probably the pleurisy was the exciting cause of his tuberculosis, the blood being already in a tuberculous condition.

The prognosis in this class of cases is not as unfavorable as you might suppose. These patients who have tuberculosis developed after pleurisy, often live a long time, and seem to get along very comfortably. So, this man's chances are pretty fair, unless tubercular laryngitis should spring up, in which case this complication will

add much to his discomfort, and tend to shorten his life.

Treatment.—We will prescribe for this man, fresh air, good diet, together with cod liver oil, iron, and stimulants—as from his own statement stimulants seem to benefit him. In the administration of stimulants, you are always, of course, to be cautious, and governed by their effect upon the patient.

Epileptiform Attacks from Sun-stroke.

Lawrence C., æt. 45 years, was formerly very healthy, and never had had anything like an epileptic convulsion, until the latter part of last August. Has been subject to occasional attacks of epistaxis, which were difficult to restrain. He has never been an intemperate man.

The patient's friend states, that one day in the latter part of August last, while at work in the hot sun, he seemed to be over-exhausted, and went home, where he had been only a few moments, when he fell prostrate, was seized with convulsions, and frothed at the mouth. Since that time he has had two similar attacks, the last occurring on Thanksgiving day. During each attack the patient lost his consciousness completely for fifteen or twenty minutes, and afterward fell into a sleep, which lasted six or seven hours. The patient complains that his reasoning powers and memory are much impaired. He has no loss of power in any of his limbs, nor any impairment of the senses.

This man, gentlemen, you observe, is of plethoric habit, that he is hyperæmic. His pulse is natural in force and frequency, pupils act to light, and dilate equally—temperature of his skin is normal. There is no cardiac disease.

The epileptiform attacks, hence, which this patient has had, must be attributed to sun-stroke. And here is one of the most interesting, and, at the same time, one of the most difficult fields of study. But of the pathology and symptoms of sun-stroke I shall have something to say at a future time.

Treatment.—In this case depletion is recommended by means of wet cups to the back of the neck; attention must be paid to the state of the patient's bowels, and I should be inclined to try the internal use of the bromide of potassium, from which I have seen good results in a similar case.

Jan. 8th, 1866.

OBSTETRICAL CLINIC OF PROF. CHAS. A. BUDD.

Reported by S. Hendrickson.

Chronic Metritis.

Mrs. D., æt. 36 years. The history of this case is as follows. The patient is the mother of two children, the youngest of whom is 16 years old. Since the birth of her last child she has been suffering from symptoms which are referable to the reproductive apparatus. She first came under my observation about four years ago, at which time she had enormous hypertrophy of

the cervix uteri, with induration and ulceration, and she was also suffering from chronic metritis. The ulceration, as well as the induration, yielded after several months of treatment, but the metritis remained in status quo. As I have remarked on former occasions, there is no disease coming within our province, which is so rebellious to treatment as chronic metritis. Here is an organ in a state of chronic inflammation, and you commence your treatment by topical and by constitutional means. Now, every month this organ is the seat of a physiological congestion, and during the continuance of that period you are not only prevented from applying your remedies, but the existing difficulty is increased.

With reference to the precise nature of chronic inflammation of the uterus, we find the tissue of the organ extremely sensitive, including its neck, even if there be no induration, engorgement, nor ulceration present. We may, in addition to the inflammation of the uterine tissue itself, also have the cellular tissue surrounding that organ and its appendages involved, and quite frequently we have attending the inflammation of the body of the uterus, an endo-metritis, or inflammation of the internal or mucous lining of the womb.

Chronic inflammation of the body of the uterus is not unfrequently the result of inflammation of the neck. Inflammation of the cervix, if it be allowed to go on without treatment, will often extend from the circular fibres of the neck to the body of the uterus, through the longitudinal fibres of the body, which, on the posterior surface of the organ, are prolonged into the circular fibres.

It is seldom that we can radically cure chronic metritis. Patients with this trouble generally go on receiving only palliation from any treatment until the time of their climacteric, when the chronic metritis, as a general rule, takes care of itself. This patient has been leeches, scarified and cauterized, and has been subjected to various modes of constitutional treatment by different practitioners, but only with the effect of producing temporary relief.

Digital examination. I find the uterus in normal position; the neck is not hypertrophied or indurated. When I make pressure in the posterior vaginal cul-de-sac against the body of the uterus, the patient shrinks.

Speculum examination. The os, which was originally quite patulous, is now very diminutive, which is partly the result of antecedent inflammation and of the local treatment to which the patient has been subjected. I will not remove all the secretion. It will prove what I have told you, viz., that we frequently have in these cases endo-metritis. The tenacious albuminous fluid which you see issuing from the os is evidence that it exists in the present instance.

A diminutive os, like the one you observe in this patient, is often congenital, and it is then proper to perform the operation of dividing it by double incisions, but it would be manifestly improper in this case, as it would inevitably increase the amount of metritis, and might even give rise to metro-peritonitis. Sometimes even the introduction of the sound under these circumstances will produce the same result. On ac-

count of these accidents, the sound has often been condemned, but very unjustly; for it is not proper to condemn an instrument because it produces injurious effects when used injudiciously.

As to the internal uterine medication I wish to say a few words in this connection. It was formerly very common to inject the cavity of the uterus with various medicated solutions, until it was found that not unfrequently they were followed by acute pain, and sometimes even by an attack of acute metritis. As to the cause of these effects, it has been supposed by some that they are due to a drop or two of the fluid entering and passing through the Fallopian tubes; by others the cause is made to depend upon an irritation of the mucous membrane lining the cavity of the womb, produced by the medicinal substances in solution. But I have seen strong solutions of nitrate of silver and sulphate of zinc used, and also weak solutions, and I have used simple water; and I have seen as severe consequences from the simple water as from the medicated solutions. Now, what is the cause of the severe pain following fluid injections into the cavity of the uterus? I think that this is the explanation. A few drops, which do not flow out, act as a foreign body and give rise to miniature contractions on the part of the uterus to expel it. The uterus not being in a condition to undergo these contractions, they give rise to metritis. If you dilate the uterus by means of a sponge tent, you can inject any amount of fluid and yet have no such results, because there is an easy escape for all of the fluid. So where, from any cause, it becomes necessary to use injections, we use sponge tents to first dilate the neck and body of the uterus. As another proof, we can introduce more solid materials, such as ointments, into the cavity of the uterus with impunity. The uterus bears solids better than liquids. The former do not seem to excite the uterus to take on miniature labors.

I have been in the habit of making fluid applications by means of a whalebone probe, around the end of which has been wrapped a little cotton. Then I dip the cotton into the solution to be used, and, having squeezed out the excess of liquid, I then apply it, and I have seen no bad consequences to follow from this plan.

Incipient Prolapsus Uteri, with Ulceration of Cervix.

Mary V., æt. 35 years, single. Patient has been sick two years. She complains of a pain in the back, and also low down in the hypogastrium, with a burning pain, "like a coal of fire," on the top of the head. She was 13 years old when she first menstruated, remained perfectly regular in her periods for some years, and menstruation was not accompanied with pain. Latterly, she has suffered severe pain at the time of menstruation, which comes on before she is unwell and continues throughout that period. She sometimes passes clots. She is not regular in her menses at present; is troubled with leucorrhœa, which stains and stiffens her linen. Her general health is affected, her appetite poor, and she has lost flesh. Her bowels are irregular; some-

times she is very constive, at other times she is troubled with diarrhœa. She complains of dysuria, and also of incontinence of urine.

Now, gentlemen, what is the duty of a medical practitioner in a case like this? This woman is unmarried, and she comes to us complaining of symptoms which point us unmistakably to the reproductive apparatus as the seat of the difficulty. Should we be doing our duty if we were to attempt to relieve a case of this kind by the internal administration of drugs? Surely, I think we would not, in a clear case like the present, be justified in going thus blindly to work. Therefore, I insist upon it, that in a case as clear as this one, it is the duty of the medical man to examine the exact seat and nature of the difficulty.

On examination, I find that the uterus is low down; it is in a state of incipient prolapsus. There is also a distinct ulceration of the cervix, resulting from attrition, what may be termed a traumatic ulceration. The cervix, too, is congested, which congestion was the primary cause of the prolapsus.

In this case, we will deplete the cervix by scarification, and we shall find that as the congestion gives way, the uterus will tend gradually to return to its normal position, and probably also the ulceration will heal of itself.

EDITORIAL DEPARTMENT.

Periscope.

On the Relation between the Weight and Length of the New-Born and the Age of the Mother.

Dr. MATHEW DUNCAN recently communicated the results of his investigations in the *Edinburgh Medical Journal*. His observations extended over 2070 new-born in the Edinburgh Lying-in Hospital. In regard to the relation between the weight of the child and the age of the mother, he comes to the interesting conclusion that the average weight of the mature child gradually increases with the age of the mother up to the 25th year; from 25 to 29 years, it is largest, and from the 30th year, it gradually diminishes. The average weight of the new-born of mothers between the 15th and 19th year was a little over 6 pounds, 15 ounces, increased for those of mothers between 25 and 30 years, to 7 pounds 6½ ounces, decreasing from the 45th to the 49th year to an average of 6 pounds, 14 ounces. First or repeated pregnancies appear to exert no influence upon the weight of the child. The relative length of the new-born appears to follow the same law. In mothers from the age of 15 to 19 years, average 19.007 inches; between 25 and 29 years, 19.355 inches; between 45 and 49 years, 18.166 inches. According to the author, these observations confirm the doctrine that the reproductive power of the female increases up to 25 years, and then gradually diminishes.

EIGHTEEN CASES OF GUN-SHOT WOUNDS OF THE HEAD.

Prof. J. L. CABELL, University of Virginia, publishes in the *Virginia Medical Journal* the details of eighteen cases of gun-shot wounds of the head, of which we give a tabulated analysis:

No.	AGE.	REGION OF WOUND.	CHARACTER OF WOUND.	SYMPTOMS.	TREATMENT, ETC.	RESULT.
1	37	Left temple, junction of temporal with parietal bone.	Fracture and depression of skull.	No paralysis, no mental aberration.	Trephine. Removal of fragments.	Slight erysipelas. Recovery; affected by heat of sun.
2	23	L. near parital protuberance.	Fracture—innertable more extensively than outer.	Slight paralysis (right.) Mind unaffected.	Trephine. Removal of several fragments.	Erysipelas 10 days after operation. Recovery.
3	22	L. sygoma ($\frac{3}{4}$ of an inch above.) Directly over middle meningeal artery.	Fracture.	Not mentioned.	Removal of 13 pieces of bone with forceps (1 week after injury,) fragments having pressed on dura mater.	Erysipelas. Recovery.
4	18	Parietal protuberance.	Slight depression in bone.	Opposite side paralyzed.	No operation.	Slight improvement after two months.
5	19	Forehead—median line near anterior fontanelle.	Not stated.	Not stated.	Trephine. (2 weeks after injury.) Abnormal deviation of longitudinal sinus to the right, which was exposed.	One week after operation, severe chills, fever; double pneumonia and pyæmia. Death 16 days after operation from rupture of longitudinal sinus and profuse hæmorrhage, during fit of coughing. P. M. ulceration of coats of sinus, small spicule of bone resting on them.
6	30	R. temporal region.	Fracture and depression.	Not stated.	Removal of fragments (1 week after injury.)	Perfect Recovery in six weeks.
7	26	R. forehead at and below root of hair.	Extensive fracture and depression near temporal ridge.	No paralysis, little pain.	Operation ($8\frac{1}{2}$ weeks after injury); bone denuded; removal of large fragment of depressed bone by Hæx's saw.	Recovery—large and depressed cicatrix.
8	27	L. superior parietal.	Fracture of both tables, depression.	Paralysis right; mind clear.	Operation (26 days after injury), all fragments removed.	Paralysis entirely gone ten days after operation. Rapid improvement; furrowed. Entire recovery probable.
9	24	Occipital protuberance, (2 inches above and to left.)	Bone denuded, slightly fractured, no depression.	Doing well for 3 or 4 days, then restless, no fever, soon delirious. One week after injury coma, facial, and afterward general spasms.	None.	Death. Autopsy: External table slightly fractured, internal also for space of an inch. An ounce of extravasated blood between skull and dura mater, and a like quantity between the latter and brain. Brain disorganised to depth of $\frac{3}{4}$ of an inch and two square inches.
10	26	Above right ear (4 inches.)	Fracture of skull.	Paralysis left extremities. Tongue straight. Temperature left, lowered. Cerebral matter oozing from wound. Rational.	Y incision;—removal of minnie ball, base of which $\frac{1}{2}$ of inch below level of internal table, and of piece of skull 1 inch in diameter, and smaller one. Arterial hæmorrhage from bottom of wound, ceasing in 15 minutes—ferri persulph. (3 days after injury.)	Slept well after operation; (sol. morphine.) Next day no morph.—slept badly; appetite good; no stool; large piece of bone discharged from wound; left arm and leg feel asleep; tongue moist and clean; no hæmorrhage from wound. 3d day after operation, insatiable thirst, then convulsions; vomiting, coma, hæmorrhage from wound; passes urine involuntarily; right arm forcibly flexed. Death; no autopsy.
11		Forehead, 2 inches above centre of left eye.	Fracture.	No paralysis, mind clear.	Several fragments of bone removed, (several days after injury.)	Recovery.
12		Forehead, above right eye.	Fracture about middle of supra-orbital arch, extending upward along frontal bone, and backward along orbital plate.	Not stated.	Fragments removed, including portions of orbital plate, (several days after injury.)	No bad symptoms. Recovery.
13		Forehead, outer extremity left frontal sinus.	Fracture of considerable extent.	Not stated.	Outer wall of sinus removed; inner found uninjured, (several days after injury.)	Recovery.
14		Forehead, to left of median line, midway between eye and root of hair.	Indentation of bone, no perceptible fracture. Periosteum gone to extent of a square inch.	Not stated.	None.	Man is at home, not recovered, suffering constantly with intense pain in his head, regretting that he was not operated on.
15	55	Left side, midway between mastoid process and vertex.	Fracture; single piece of bone driven in upon dura mater about $\frac{1}{2}$ an inch in diameter, irregular in shape.	Delirium, coma.	None.	Death. Lived 6 days after injury.

[Continued on next page.]

EIGHTEEN CASES OF GUN-SHOT WOUNDS OF THE HEAD—CONTINUED.

No.	AGE.	REGION OF WOUND.	CHARACTER OF WOUND.	SYMPTOMS.	TREATMENT, ETC.	RESULT.
16	30	Left side of head in front of and on level with parietal protuberance.	Fracture $2\frac{1}{2}$ inches horizontally, 1 inch across. Ball remained in wound. Brain substance escaping soon after injury; probably extensive laceration of meninges.	Unconscious for 3 days. Consciousness returning, paralysis of right side.	No operation. His brother removed piece of bone day after injury. 3 months later ball removed and another fragment; at intervals smaller pieces.	Paralysis slowly improving. Difficulty of speech, forgetfulness, inability to connect words in reading. Large cicatrized surface, covering a depression, beneath which, when the head is bent forward, the pulsation of the brain can be seen and felt.
17	25	Forehead, at root of hair, right side, near median line.	Fracture.	Unconscious for a short time; for several days occasionally delirious. No paralysis.	10 days afterward operation and removal of fragments of bone.	Recovery. Depressed cicatrix, —occasionally severe headache.
18	28	Left parietal protuberance, four inches above ear.	Fracture.	Insensible for several days; partial paralysis of right side.	4 days after injury, removal of ball and pieces of bone.	Wound healing, paralysis improving. Probable recovery.

Prof. CABELL states that these cases were drawn up by Surgeon ALLEN, from notes furnished by the different operators, and remarks that they exhibit results differing remarkably from those announced by Dr. McLEOD in his "Notes on the Surgery of the Crimean War," both as to the mortality of cases of gun-shot fracture of the cranium, and as to the danger incident to the use of the trephine. There were but two cases of actual perforation of the skull by the ball, and one of these (16) recovered with a gradually improving hemiplegia. As to a comminuted fracture, without actual perforation by the ball, it seems that even under moderately favorable circumstances of public military hospitals, gravity of prognosis is an exceptional phenomenon.

The Curable Stage of Cholera.

M. JULES GUÉRIN read a paper at a recent meeting of the French Academy of Sciences, from which we quote the following:

"Before," says M. GUÉRIN, "the epidemic of cholera which ravaged Europe in 1832, it was generally admitted that this terrible scourge attacked its victims in the most sudden manner, and struck them down with a degree of violence that was only comparable to the effects of a lightning-stroke. All the writings of this period take up this view of the disease. Meanwhile, at the commencement of the epidemic of 1832, I perceived that it was quite otherwise. About a week after the appearance of the disease I wrote in the following terms to the *Gazette Médicale*: 'Most of the patients attacked with cholera have been for several days, or even weeks, laboring under a disturbed condition of the digestive organs, which did not appear sufficiently serious to them to deserve careful attention; such even has been their carelessness on this point, that we have often been obliged to question them very closely in order to elicit information from them. It is only after having been asked three or four times whether they have had diarrhoea that they give a satisfactory reply. From this we conclude, (1) That in many cases where this diarrhoea has not been noted there is reason to suspect carelessness in observation on the part of the patient. (2) That this diarrhoea, the precursor of cholera, should receive the careful attention of medical men, parents, and even of the authorities, who should recommend to the poorer classes—and publish the recommendations by all the means at their disposal—to pay proper attention to this state of the digestive system, and should make known to them the fatal consequences of neglecting to treat the diarrhoeal attack.' This opinion, which had its origin in facts, was developed and confirmed by

them. In proportion as the patients crowded into the wards of the Hôtel Dieu, where I especially carried on my observations, my conviction became more and more strengthened. Out of 600 patients questioned in the most careful manner, 540 had shown symptoms of *cholérine* (premonitory diarrhoea) before their entry into the hospital. From this I concluded, on the 12th of April:

(1) "That cholera is always preceded and announced by a series of symptoms, to which—with a desire to caution the public—I have given the name of *cholérine*.

(2) "That *cholérine* is the first stage of cholera.

(3) "That cholera, properly so called, is only an advanced stage of a disease which has hitherto been unknown in its first or premonitory period.

(4) "That it is always possible to arrest the development of the mortal stage of cholera by attacking the disease in its curable one.

"The existence of a prodromic or premonitory period in cholera is certain. This truth was accepted and admitted at the period of its announcement by the majority of physicians. The exceptions have hardly an existence, and are more apparent than real, being due to the absence of powers of careful observation on the part of the patients.

"Since 1832 there have been at short intervals three new epidemics of cholera. Moreover, this dreadful malady has spread during the same period, or successively, over the various countries of Europe and Asia. Has it in every instance conformed to the laws of its first evolution? Has the prodromic or premonitory period always preceded the mortal stage of this disease? It is of the highest importance that the reply to these questions should be in the affirmative. For if this view—regarded in its origin as one of the conquests of science and a benefit to humanity—receives from all recorded observation the

character of an unimpeachable truth, it is essential that it be published in all populations and countries, as affording a sheet-anchor (*une ancre de salut*) in the perils which menace human beings. Now, having been requested by the Academy of Medicine to superintend the general report upon the epidemics of cholera, I have been placed in possession of all the scientific documents, home and foreign, relating to the subject. The result of an examination of these I have the honor to communicate to the Academy. Commencing with England, we find the following remarks in the report of the 'General Board of Health,' published in 1850: 'Whatever doubts there may have been during the epidemic of 1832 as to the existence of prodromic symptoms (diarrhoea), the experience of the last epidemic solves the question completely. In one case where the first symptoms were minutely inquired into, it was found that of 500 patients almost all, without exception, had been previously attacked by choleraic diarrhoea, of ten or twelve days' duration. Dr. BURROWS states that the replies of the patients showed that the 'rice-water' discharge of cholera was always preceded by others of a different, though unhealthy, character. Dr. M'LOUGHLIN states: 'I believe I am correct in concluding, that of 3,902 cases of cholera, I have not found one without prodromic diarrhoea.'''*

"In France there are the same confirmations as in England. M. M. LÉVY found that of 142 patients (at the Hospital of Val-de-Grâce,) there were only six without prodromic symptoms. In 95 cases the diarrhoea had lasted for two, three, four, and even a greater number of days. A general inquiry, instituted by the 'Comité Consultatif d'Hygiène,' during the epidemic of 1853, gives the following as part of its report:

"From the first of November, 1853, to the 22d of January, 1854, of 974 choleraic patients admitted to the hospitals of the capital, 740 had been attacked with premonitory diarrhoea, the others appeared exempt, or were unable to give exact evidence.' To these authentic statements I may add those which have been made by the different departments of France in reply to the questions of the authorities. Almost all the local physicians answer that cholera commences in the great majority of cases by diarrhoea and other premonitory symptoms. The cases of sudden cholera, if they really exist, do not exceed 5 or 6 per cent."

Successful Removal of the Uterus—Ovariectomy.

Dr. JOHN GREEN, the Secretary of the Suffolk (Boston) District Medical Society, gives in its extracts, published in the *Boston Med. Journal*, a case reported by Dr. STORER, of which we give a synopsis:

Woman, æt. 47 years, with large abdominal tumor, which, from localized fluctuations, might have been supposed to be a multilocular ovarian cyst, had it not been for peculiarly solid tumors in the right iliac region. Disease of five years standing.

Operation Sept. 23d. Incision five and a half inches in length; an elastic tumor presented itself, with strong adhesions, to the mesentery on the right, to the peritoneum on the left. On freeing this tumor from its adhesions, and lifting it up from its bed, a second growth was found occupying nearly the whole pelvic cavity, and connected with the first by a slender pedicle. The second tumor was removed by constricting its neck with the chain of the écraseur; it proved to be the uterus, and was cut off through the cervix. About ten ligatures of wire were used in securing the bleeding vessels, and the wire allowed to fall back and remain in the abdominal cavity. The pelvic cavity was freely exposed to the air for an hour before the oozing ceased. The external wound was closed by five sutures of wire. The patient was kept etherized during three hours. No special attention was paid to the temperature of the room. The weight of the masses removed was thirty-seven pounds. The tumors, on careful dissection, were found to present an instance of the rare fibro-cystic disease of the uterus, so called.

External wound united by first intention. No suppuration occurred.

Oct. 28th. Patient has steadily convalesced, without a single bad symptom; has been upon her feet for some days, and intends to leave for home to-morrow. Thirty-fifth day from the operation.

Nov. 28th. Reported as "perfectly well."

Prevention of Epidemic Cholera.

Dr. S. S. SALISBURY, of Tolono, Illinois, gives his view on the prevention of epidemic cholera in an article published in the *Chicago Medical Journal*. Persons, he says, whose excreting organs, and particularly the kidneys, are impaired, which interferes with the proper performance of their function, are more susceptible to the influence of poisons, and this class are more easily affected by cholera and all epidemic and infectious diseases. While on the other hand, those whose excretory organs are in active operation, more effectually resist the action of these poisons, and this class of diseases. There are some articles, dietetic and medicinal, he claims, which have been observed, to a certain extent, to be preventives of epidemic cholera, such as cider and certain classes of ripe fruits and vegetables. During the last epidemic in a small town in Kentucky, nine young men employed themselves in nursing the sick and burying the dead; it was a season when melons were abundant, of which these young men all ate freely the whole time; none of them suffered with any symptom of the disease, although a large proportion of the inhabitants were attacked. The waters of some of the sulphur springs, among these the spring at Delaware, Ohio, and some of the sulphur springs of Kentucky, have attained celebrity among the people living in their vicinity, for the prevention of cholera. Dr. SALISBURY draws the general conclusion that as all these articles are diuretic, producing at least free action of the kidneys, the use of mild diluent diuretics, which are neither emetic nor cathartic, might during an epidemic season prevent or mitigate the disease.

* Report of the General Board of Health on the Epidemic Cholera of 1848-49.

Two Cases of Morbus Addisonii.

Two cases of *Addison's Disease* are mentioned in recent journals, with accounts of autopsies. The first case is related by Dr. JOHN HUGHES, in the *Dublin Medical Press*. The patient was a man, 45 years of age. The smoky brown, or bronze color of the skin was exceedingly well marked on the face, neck, hands, chest, also in the axilla, in the epigastric region, the inguinal regions, on the scrotum, and over the knees. The only symptoms present, beside the discoloration, was excessive weakness, great muscular debility, and loss of flesh, with depression of spirits, coupled with a nervous anxiety about himself, and a pain in the abdomen, extending from the lumbar vertebræ, and encircling the abdomen, very severe, but intermittent. He had never suffered from any disease or accident confining him to his bed, but for the last eight or ten years complained of bad stomach, often unduly acid, with occasional pyrosis, this difficulty being particularly troublesome during the last two or three years. The period from the time when the discoloration of the skin first commenced, to the time of death, was about ten months. Death was preceded by rigors, intellect perfectly clear, no coma, no stertor, no convulsion.

The second case is related in the *Lancet* (also *Dublin Med. Press*), by RICHARD HOLT, M. D. Patient, a bricklayer, æt. 43 years, who, with the exception of a few weeks' illness seventeen years ago, had always enjoyed good health, until March, 1865, when, without any apparent cause, beyond a slight cold, the consequence of having descended into a well, he began to experience a gradually increasing degree of lassitude, together with shooting pains in the lower extremities. At the same time his friends remarked that his complexion was getting dark. His strength, at length, utterly failed him, and he was admitted to the infirmary under Dr. Holt's charge. On June 15th, the patient on admission, in addition to loss of appetite, extreme weakness, and shooting pains in the lower extremities, complained of giddiness, sickness, and pain in the epigastrium. The discoloration of the skin of the face, hands and scrotum, was very striking; but the remainder of the body retained its natural color. The lips and lining membrane of the mouth were of the same dark color as the face, whilst the tongue presented patches of black, occupying its sides, the central portion of the organ retaining its natural appearance. No pain was experienced by percussion over the renal region, nor did any of the other organs manifest signs of disease. Pulse 86, feeble; urine healthy. Treatment: bark and ammonia, with bismuth and Dover's powder to allay the sickness, and an order for a weekly allowance of fresh meat and brandy. August 15th, sickness and pain in epigastrium relieved; but in all other respects the patient is infinitely worse. Prostration extreme. The slightest exertion covers him with cold perspiration. Pulse 100, so weak as to be obliterated by the slightest pressure. Dull, aching pain,

referred to lumbar region, which is aggravated by straightening the back, so that he constantly keeps it bent. A slight irritating cause seems sufficient to determine a deposit of pigment to that part in preference to another, for the site of a mustard plaster formerly applied to the chest is now converted into a dark surface, presenting here and there small islets, in which the skin retains its natural color. September 15th: Patient, who up to this time has been able to stroll about for an hour or two in the day, is now entirely confined to bed. October 1st: For the last two days he has been lying in a comatose state, from which he is easily roused, but into which he again immediately subsides. Complaints of no pain whatever. Pulse imperceptible. October 4th: Died.

Autopsies—First Case: Stomach pale and anæmic, but no organic disease or inflammatory action; spleen normal in size and structure; kidneys perfectly healthy; heart healthy in structure, and valvular apparatus perfect; lungs healthy, with the exception of some scattered miliary tubercles on the surface, just beneath the pleura, but not in the substance of the lung. *Supra-renal bodies*: Here alone structural alterations are found in the greatest degree, increase of size, and deposition of a firm, opaque lardaceous-looking substance, of a yellowish white color, something like the section of a cut parsnip.

The left capsule much larger than the right, as if it was in a more advanced stage of disease, but both affected by the same deposit, differing only in amount; through both very large nerves run, much larger than in the normal state.

The cheesy-looking substance, under microscopic examination by Dr. HAYDEN, was found to consist of imperfect cells of different sizes, nuclei, and fat molecules; no trace of fibrous tissue, fibro-plastic material, or inflammatory products in any form;—the deposit being manifestly strumous.

Second Case: No pleuritic adhesions; lungs healthy; heart of average size, firm and healthy; alimentary canal, liver, spleen, all perfectly free from disease; left kidney of normal size, upper third of its surface discolored, and somewhat softer than natural, otherwise healthy in structure. It was surmounted by a soft body about the size of a pigeon's egg, formed by the supra-renal capsule, expanded into a bag, and which, unfortunately giving way in the extraction, discharged about a tablespoonful of a thick, yellowish fluid, containing a number of fragments, resembling, both in appearance and consistence, the white of a hard-boiled egg. The right supra-renal capsule, or rather the material into which it had been transformed, was firmly adherent to the under surface of the liver, from which it could only be removed by dissection; it had not attained so complete a state of disorganization as its fellow, and presented the appearance of a scrofulous lymphatic gland proceeding to suppuration. Dr. WILKS, who examined it, could find no trace of the original supra-renal structure, but

its place was occupied by a new material of the same nature as always found in other cases.

We have placed the records of these two cases side by side, as they present very interesting features of coincidence and analogy, especially in the autopsies, although the second case seems to have been of much more acute a character than the first.

Diabetes Mellitus cured by Seton; treated by Sugar.

Dr. BUTTURA reports in the *Gaz. des Hôp.* a case of cure of diabetes mellitus by the simple means of a seton.

A man, 38 years of age, had been suffering from the disease, according to his statement, for ten years, being unable to work during the last two years, exceedingly debilitated, heaviness of the head, insatiable thirst, and voiding between 12–15 litres of urine in 24 hours, which, on examination, showed a large quantity of sugar. After eight months of unsuccessful treatment by the usual methods, Dr. BUTTURA, acting on the physiological researches of CLAUDE BERNARD, who has demonstrated by experiments that glycosuria may be produced in animals by irritating the floor of the fourth ventricle, and suspecting that some morbid process in this region of the brain was the cause of the diabetes in this instance, introduced a large seton in the nape of the neck, high up. As soon as suppuration had been fully established, the heaviness of the head diminished, and with it the quantity of sugar in the urine, while the patient began to gain strength. In three months the patient was able to work a little, and after six months no trace of sugar could be detected. For a year past the patient has been fully at work, and in spite of an illy adapted mode of living is perfectly well, urine free of sugar and of normal quantity.

In the same Journal Dr. PIORRY relates a case of diabetes treated by the administration of sugar, a plan proposed by him several years ago. Four ounces of sugar were given in two doses, during the day, with meat diet. Under this treatment marked improvement took place, the quantity of urine voided decreasing from 10 litres in 24 hours, to 2, and the quantity of sugar from 500 grammes to 125. The physiological grounds on which PIORRY bases his treatment are, that, as shown by DUMAS and BERNARD, the presence of sugar in the organism, is absolutely necessary for the functions of life. In diabetes mellitus the patients lose an immense quantity of sugar, and all our therapeutical efforts seem insufficient to prevent this loss. If diabetic patients are, in addition to this loss, robbed of the sugar or the substances from which it is formed, their condition is made worse, and hence it is better to add sugar to the other articles of diet, as an equivalent to repair this loss. Abstinence from fluids, carried as far as practicable, Dr. PIORRY considers of great importance in the treatment both of diabetes mellitus and insipidus. PIORRY observed one case in which the abstinence from fluids in a patient who voided thirty litres of non-saccharine urine per

day, resulted in diminishing the quantity to one litre. In his remarks the author does not claim to have exhausted the therapeutics of diabetes, his object being only to call attention to a valuable observation.

Perineal Obstruction to Labor. Delivery by Incisions into the Vulva.

In the British Lying-in Hospital a case occurred, which is related by the *Dublin Medical Press*. A woman, 40 years of age, eleventh labor. First seen by Dr. MURRAY during the expulsive pains of the second stage of labor; head of the child forcing against the perineum, which was still thick and firm; posterior fontanelle could be seen and felt at the vaginal orifice. Patient had undergone an operation for laceration of the perineum some nine or ten months previously, which proved rather too successful for her present condition, as the vaginal outlet was so small that it would hardly admit the introduction of three fingers.

Dr. MURRAY finding it impossible for the hand to enter the small orifice it had to pass through, decided to incise the vulva on either side, rather than meddle with the perineum. Accordingly, with a director and blunt-pointed bistoury, the labia were divided at their lower third, in a downward and outward direction, to the extent of an inch on either side. The fetal head, which was prevented from pressing forward during the operation, now immediately passed between the vulvæ, and the child was born living. The mended perineum remained intact, but the right labium tore for about an inch beyond the termination of the incision made. To this tear two sutures were applied, but the cut surfaces were left unstitched.

Notwithstanding the considerable distension, contraction and shrinking gradually took place, and when last examined, with the exception of a slight scar on each labium, the parts were in as sound and good condition as before the labor.

Manual Procedure in Breech and Foot Presentations.

Dr. FLUCK, in *Korresp. Nass. Aerzte. (Mediz. Neuigkeiten)* describes a manual procedure by which the retained head of the child, in cases of breech and foot presentations, may be extracted easily and without injury to mother and child, and which he has resorted to successfully in seven cases. The manipulation consists in grasping the impacted head from without, through the abdominal parietes, by turning it around its longitudinal axis, placing it in the oblique diameter, and then forcing it as deep as possible into the true pelvis. He resorted to this method in the following cases successfully:

1. In a case, where, the conjugata measuring $3\frac{1}{4}$ — $3\frac{3}{4}$ inches, he had previously made version, but the head became impacted between symphysis and promontorium.
2. In a case of version on account of arm presentation, in which the head, with the lower

maxilla, became fixed upon the right horizontal ramus of the pubis.

3. In a case of narrow pelvis, in which the cord prolapsed and the knee presented. After having disengaged the feet and the left arm, (the right arm could not be brought down,) the head, grasped through the abdominal parietes, was forced into the lateral excavation of the small pelvis, when extraction was easily performed.

4. In a woman (eighth confinement) with strongly narrowed pelvis, the head, after version, (dorsal presentation,) could not be delivered by the ordinary manual procedure. Pressure in the above-described manner brought it so deep into the true pelvis that it could be extracted with little difficulty.

5. In a woman, (fifth child.) Abnormal presentation changed by version, before rupture of the membranes, into breech presentation. After the birth of the trunk, the head remained high up, with the occiput resting upon the right horizontal ramus, and it was impossible to reach the supra-maxillary region with the index and middle fingers. The head was grasped from above, through the abdominal parietes, easily forced into the small pelvis, and delivered.

6. Woman, (third child.) Version on account of left shoulder presentation—head remaining, it was pressed, as above, into the true pelvis, and a living child delivered.

7. Foot presentation. Occiput impacted on the symphysis, was grasped from without, turned to the right, pressed down into the sweep of the sacrum, and extracted without difficulty.

Elephantiasis of the Scrotum.

Dr. DAVID MACK, Jr., Assistant Surgeon, U. S. N., in a letter to the *Boston Medical and Surgical Journal*, gives an account of a case of elephantiasis scroti, occurring in a Makah Indian, 50 years of age. The affection consists of an enormous tumor of the scrotum, pyriform in shape, depending from, or somewhat above the pubes, extending down rather more than half way from the knees to the ankles, being about as broad as the patient is at the hips. The color is like that of the rest of the body, except where some thin scaly scabs cover superficial ulcerations at its lower part. The skin, especially near its neck, is drawn very tense, adherent to the rest of the tumor, and has few, though large and well-marked hair-follicles. To the feel it is elastic; in its lower half seeming to have elastic bands, between which a semi-fluctuating substance, resembling a fat abdomen on percussion. The posterior surface has impressions of the legs. There is no appearance of a penis, nor of any aperture in front of the pedicle, which is quite tense and smooth. Some three years ago, however, a penis could be seen, though very short. Since then the tumor has gradually increased. Its weight close up to 50 pounds, and measurement quite four feet in circumference. The patient walks about awkwardly and slowly, and fishes considerably in his canoe. He states that

he has had this trouble for 24 years, and attributes it to having met a bear in the woods. Nothing could be learned as to the manner of origin or symptoms. No other case of the kind is known in these regions.

Milk Diet in Bright's Disease.

In the clinic of Prof. NIEMEYER, of Tübingen, according to the *Berliner Klinische Wochenschrift* (*Mediz. Neuigkeiten*) five cases of Bright's dropsy were treated by strict milk diet. The patients received daily 3, 4, 5, to 6 pints of milk, boiled and unboiled, besides this only two eggs and one half pound of bread. In addition diaphoresis was resorted to, according to LIEBERMEISTER's method, which consists in placing the patient in a warm bath of 36° C., increasing the temperature gradually by the addition of hot water, up to 40° C., and enveloping the patient immediately after the bath in double woollen blankets. No other medication was used except mild laxatives in cases of protracted constipation. The result was highly favorable. In all cases, one excepted, marked improvement took place; in one case apparently complete recovery. In one case, the most striking, the condition of the patient before placing him under this treatment was so bad, that a fatal termination seemed certain, anasarca, ascites, and hydrothorax had reached their highest point, the quantity of urine was reduced to a minimum. LIEBERMEISTER's diaphoretic method and other medication had been resorted to without benefit. On the second day of the milk diet the patient noticed after the bath that he perspired more freely and voided more urine. After five weeks he was up, threshing and working about the farm like a well man; the urine, however, still showed albumen.

The case of apparently complete cure, was that of a man, 52 years old, the disease of four weeks' duration; urine bloody, general cedema, hydrothorax and hydropicardium present; after four weeks of milk diet and diaphoresis, all hydropic swellings and the albuminous condition of the urine had disappeared.

It is impossible at present to give an exact physiological explanation of the action of the "milk-cure;" it is probable, however, that it is due to an improvement in the nutritive functions and the tissue-metamorphosis generally.

Emphysema during Parturition.

Dr. JULES DE SAYRE, in the *Gaz. des Hop.*, reports a case of rupture of the lungs and consequent emphysema occurring in a parturient woman during the exertion of a violent expulsive effort. The patient was a primipara, with great rigidity of the os. The infiltration of air, as evinced by the crepitating swelling, extended over the neck, face, parotid region, to the acromion, and below the clavicles; right side more severe than on left. Respiration was free, but deglutition difficult. The emphysema disappeared without special treatment, in the course of seven days.

Reviews and Book Notices.

Forbes Winslow, M. D., &c., on *Obscure Diseases of the Brain and Mind*. Second American, from the third and revised English edition. Pages 600. Philadelphia: Henry C. Lea. 1866. Price \$4 25.

Those who have enjoyed reading the fictitious "Diary of a Late Physician," written many years ago by WARREN, author afterwards of "Ten Thousand a Year," may have their recollection of it revived by the perusal of this book. It is highly entertaining as well as instructive. While enriched by much scientific discussion upon the pathology and treatment of cerebral and mental affections, it is at the same time a sort of cyclopædia of *clinical anecdotes*. All possible odd things about odd people are told in it; some of them incredible without such an authority as Dr. WINSLOW. He is, however, one of the three or four best authorities now living, upon such topics.

In his introduction, Dr. WINSLOW dwells upon the often *unobserved premonitory* symptoms of brain-disease. These may go on for years. Some of those mentioned are so slight, that it would be unsafe for some *hypo's* to read this part of the book. Thus, in one paragraph, (p. 24): "An apparently unimportant knitting of the brows, a trifling sensation of numbness in some part of the body, general or local muscular weakness, *ennui*, peevishness, an almost inappreciable depression or exaltation of the animal spirits," etc. are mentioned as "characteristic symptoms, frequently significant of disease having commenced on the brain." No doubt they are so; but they are, fortunately, much more frequently, not symptoms of anything of the kind. And more striking nervous disorders, as every physician knows, are sometimes wholly functional or sympathetic. The late Dr. PEPPER, of this city, told the writer that he once saw everything double for eighteen months, merely from dyspeptic disorder, affecting the visual function by sympathy.

We have space only to sketch the plan of Dr. WINSLOW's work. He considers, 1. Morbid phenomena of Intelligence. 2. Morbid states of Motion. 3. Morbid conditions of Sensation. 4. Morbid phenomena of the Special Senses. 5. Morbid phenomena of Sleep and Dreaming. 6. Morbid phenomena of Organic or Nutritive Life. Lastly, General Principles of Pathology, Treatment, and Prophylaxis.

In this we see no place assigned for *morbid phenomena of the Emotions or Affections*. Dr.

WINSLOW recognizes, however, and illustrates by examples of great interest, this kind of derangement, commonly called moral (or, better, *emotional*) insanity.

In the *philosophy* of insanity, Dr. WINSLOW confines himself almost entirely to the statement of unanswered questions. He declines to define insanity. Late in the book (p. 415) he does define it, incidentally, as "positive alienation of mind, manifested by the presence of delusion associated with a paralysis of the controlling power of the will." This is not so good as Dr. BUCKNILL's (*Prize Essay on Mental Unsoundness*, etc.)—which names "false action of conception or judgment, defective power of the will, or uncontrollable violence of the emotions and instincts, either separately or conjointly, produced by disease," as constituting insanity.

Dr. WINSLOW partakes of the ordinary confusion of psychopaths and metaphysicians about the relation between the brain and the mind; quoting Sir WILLIAM HAMILTON, who uses the words mind and soul as synonymous; and speaking of the "psychical principle,"—the "regulative or coördinating principle,"—and even denying that insanity can ever be truly called *partial*, because the *mind* is *one*, and must be either *sane* or *insane*. This last statement, at the same time, is shown to be practically absurd, by his own clear illustrations.

We are bold enough to think that even a partial clearing up of this subject will be found possible only in one way; namely, by asserting for man, as an immortal being, a *soul*, possessed only by him among the inhabitants of this globe; also, that *mind* (or that which thinks and feels,) which man has *in common with the brutes*, is a *function*, or rather the *total of the functions, of the brain*.

Many pages might be well filled by the citation of Dr. WINSLOW's very remarkable cases; which count by the score or hundred. A few of the most extraordinary may be briefly quoted.

"A child up to the age of thirteen was idiotic. He fell from a height upon his head and was stunned. He rallied from unconsciousness, and was, '*Credat Judæus?*' found to be in full possession of his faculties." P. 297.

"A man suffered from a paralysis of memory, following a severe blow upon the head. He was fortunate enough (as the result established) to have a repetition of the physical injury, and, as the effect of this accident, his memory was immediately restored to its original strength. PRITCHARD records that Pope Clement VI. found his memory wonderfully strengthened after receiving a slight concussion of the brain."

"The insensibility of the insane is occasionally

great. A patient, some years ago, determined to commit suicide, watched his opportunity; while the attendants were out of the ward he went and deliberately laid the back of his head upon the fire, and held it there, without flinching or apparent suffering, until a large portion of the scalp was burnt away. Very extensive sloughing and exfoliation of the bone ensued. The patient recovered and lived twelve or thirteen years afterwards."

"An insane gentleman, aged thirty-two, suffering from suicidal melancholia, succeeded during the temporary absence of the servant employed to watch him, in thrusting his foot into a bright, blazing fire. He voluntarily held it in this position until the flesh was nearly burnt to the bone. He was never heard to complain of a sensation of pain until he recovered from his mental disorder." P. 356.

"An insane woman deliberately put her hand in the fire, and held it there until it nearly dropped from the wrist, without feeling (as she said) any sensation. She laughed at the idea of the suggestion made to her, that she must have undergone great torture whilst voluntarily holding her hand in the burning flame." "The fanatics called the Convulsionnaires de St. Medard bore with pleasure, and relief to the hysteric ecstasy into which they were thrown, the infliction of every species of torture." P. 357.

"There exists among the North American Indians a tribe whose mode of punishment consists in subjecting their prisoners to the influence of the odors of certain plants. This produces the most exquisite mental distress and bodily pain; and, occasionally, if the prisoner be exposed long to its influence, death has been known to ensue." P. 361.

Quere, for ethnologists and botanists of this country: What tribe is this, and what were those plants?

Two or three of Dr. WINSLOW's cases (pp. 391, 392) sustain Dr. HAMMOND's lately published views as to the influence of the *erect position* in aiding the relief of insomnia and some other brain symptoms, connected with dilatation of the cerebral blood vessels. From some significant experience we are led to regard these views as well founded and important. Arterial hyperæmia, active or passive, performs a very consequential part in the pathology of cerebral disorders. Dr. WINSLOW recognizes this, both in his pathological and his therapeutical statements.

A full though concise account is given (p. 408) of the different opinions entertained by prominent writers upon the pathology of insanity from CULLEN and PINEL to BAILLARGER and DE BOISMONT. A term hardly used before is introduced by Dr. WINSLOW, viz., *psychical hyperæsthesia*. The statement is urged, as important in the *diagnosis* of insanity, that the state of the patient's mind should be compared, not only with that of *others*, as to whether it is normal or

"*aliéné*," but most particularly with his own usual state. A contrast to his ordinary self is a reason for alarm or anxiety.

Dr. WINSLOW complains of the unwillingness of the public (in England) to accept or listen to testimony tending to prove "moral insanity" as accounting for crime, in any case except suicide. There are instances, too many indeed, in this country, of a different feeling. It is really astounding, to perceive how easily a murderer or murderess is, now, sometimes acquitted upon this plea, and, more intolerable still, set at liberty! We hold two propositions to be almost self-evident; that no person convicted of the commission of murder or other crime should be decided to be or to have been insane, unless on the report of a commission of experts (as in France) making a deliberate and prolonged scrutiny into the case; and, secondly, that any murderer, so proved insane, should be held unfit for liberty, as dangerous to the community, and should therefore be invariably *confined for life*, in an institution suited for the purpose.

Some of Dr. WINSLOW's views upon the *treatment* of acute insanity interest us very much. He remarks, (p. 423):

"He who maintains that depletion is *never* to be adopted in the treatment of mania, without reference to its character, origin, peculiar constitution of the patient, and the existence of local physical morbid conditions, which may materially modify the disease, and give active development to morbid impressions, is not a safe practitioner."

"Although it is only occasionally, in instances presenting peculiar characteristic features, cases occurring in the higher ranks of life, where the patient has been in the habit of living *above par*, and is of a sanguineous temperament, that we are justified in having recourse to general depletion, there is a class of recent cases presenting themselves in the asylums for the insane, both public and private, in the treatment of which we should be guilty of culpable and cruel negligence, if we were to omit to relieve the cerebral symptoms by means of the *local abstraction* of blood. It is, alas! the fashion and caprice of the day to recklessly decry the application of cupping-glasses or of leeches in the treatment of insanity, in consequence, I think, of the slavish deference shown to the opinions of a few eminent pathologists, who have, by their indiscriminate denunciation of *all depletion*, frightened us into submission, and compelled us to do violence to our own judgment."

We must take leave of this book with regret. A copy of it should be on the table or shelf of every medical practitioner; as all are liable to be called upon in cases of mental disorder, often most difficult and delicate in their nature, and requiring special knowledge for their management.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 27, 1866.

CHEAP LODGINGS—THE TENEMENT NUISANCE.

The annual report of the Police Commissioners of the City of New York has been published, and is one of those documents which should be carefully read and studied by every one who feels an interest in social science, and who desires to see those manifold causes of disease, and of physical as well as moral depravity removed, which are so deeply rooted in most of our large cities. We cannot lay before our readers the whole of this well digested document, but shall discuss from time to time some of the more important points which it presents, regarding sanitary matters and public hygiene.

We have already, on more than one occasion, alluded to the terrible abuses to which the poorer classes of New York—and indeed more or less those of every large city—are subjected by the inhumanity and recklessness of *tenement landlords*; and undoubtedly our readers are all pretty familiar with the reports on the fearful overcrowding of these tenement houses, and the great dangers which arise from this state of things to public health, as well as the increased mortality which is thereby artificially engendered.

But we were hardly prepared to listen to an account of such a disgusting depth of depravity as this report sets forth, in its plain, matter of fact details of "cheap lodgings." It says:

"There are in the Fourth precinct sixty places or dens, where the wretched poor, the criminals, and the depraved, resort to lodge, paying from 10 to 15 cents per night for the miserable accommodations.

"These places are chiefly in cellars, with naked stone or brick walls, damp and decayed floors, without beds or bedding fit for human beings. They are mainly unventilated or lighted, except through the entrance door. In condition they are filthy and disgusting beyond description, overflowing with vermin and infected by rats.

"Into these hideous places are packed nightly an average of 10 persons to each place, or 600 in the aggregate.

"In violation of the laws of decency and morality, men, women and children, white and black, with no regard to the family relation, sleep promiscuously together, exhibiting less of the impulses of decency than the brute creation.

"From the character of these apartments, their owners and occupants, and the manner of their use, cleanliness is impossible, and hideous diseases of various classes and types are engendered and propagated.

"While thus occupied they cannot be made decent or healthy, and those who frequent them

are beyond the reach of reform, except through the strong arm of the law."

Capt. JOURDAN, of the Sixth precinct, presents pictures of several similar lodging places in his precinct, as follows:

"No. 25 Baxter st., two rooms, each 10 by 6, full ten feet below the street; no windows or other ventilation; bare stone walls; no furniture; a dirty, disgusting cave; 12 to 14 lodgers nightly, at 10 cents per night.

"First floor of the same premises a drinking place, the resort of thieves, beggars and prostitutes of the lowest class." The Captain says: "I have seen as lodgers 18 of both sexes asleep in the place during the night.

"No. 15 Baxter st., a cellar, 14 by 18; five beds; naked stone walls; no window, light or ventilation; 14 persons are accommodated, at eight cents per night.

"No. 16 Mulberry st., one room, 14 by 10, with nine beds, and two beds in adjoining kitchen; 20 persons, male and female, are lodged at six cents per night. The building is the property of an officer of one of our city banks, and rents for \$6 per month.

"No. 51 Baxter st., second floor, one room, 8 by 5, contains three beds, kitchen adjoining; several beds on the floor; 18 persons lodge here, at six to eight cents per night; rent, \$7 per month; owned by a well-known citizen in Twenty-third st.

"No. 141 Leonard st., second floor; two rooms, one 8 by 10, and kitchen adjoining; eight to ten lodgers, at eight cents per night."

A large additional number of similar places are described by Capt. JOURDAN. The occupants of these cheap lodgings consist of drunken wretches, male and female beggars, rag-pickers of the poorer sort, sneak-thieves, juvenile pimps, ragged and drunken prostitutes, men, women and children, black and white, herding indiscriminately together. They come out of these dens in the daytime, to prey upon exposed property.

From these filthy premises continually arise malaria, poisoning the atmosphere that honest and decent people are compelled to breathe. With our laws and our tribunals as constituted, this mischief seems to be without remedy.

Dr. SAYRE, in his annual Report to the Board of Health, speaks of the same subject in emphatic terms, and strongly urges that "tenement houses," as far as their sanitary condition is concerned, be made the subject of special legislative enactments. We hope, for the sake of humanity, that this will be done. A new Sanitary bill is already before the legislature of New York, and there is every prospect that scheming politicians will not succeed, as they have in years past, in defeating so eminently just and beneficial a measure. Let the bill pass, and let there be incorporated in it the strictest clauses calculated to abate the *tenement nuisance*.

Notes and Comments.

Suppression of Quackery.

A short time ago, according to the *London Lancet*, a case was decided in the Bolton Borough Court, proving that there are efficient laws to suppress that form of quackery which assumes the shape of indecent quack books, which, as in this country, are distributed amongst young men and boys. Two men were charged with offering for distribution a number of indecent books, and fined.

The *Lancet* says:

"It is difficult to overrate the importance of this case. The distribution of filthy and demoralizing books is clearly open to a summary prosecution. We have been appealed to for protection from the villains who circulate these infamous pamphlets, by the heads of families, by the principals of schools, by proctors of universities, and by senior officers of the united service. We have rendered all the aid in our power, but we have repeatedly urged upon the applicants the desirability of their appealing to a magistrate. The above case is now before them. Let them act upon the example set them; and the system which is at present undermining the morality of the rising generation will soon be at an end."

In this country this same evil is made infinitely worse by the countenance which a large portion of the newspaper-press, including many religious papers, give to obscene and quack advertisements. When will public opinion and law compel them to abandon their villanous practices?

Weights and Measures.

The December Report of the Agricultural Department, by Commissioner Newton, contains an excellent article, in which the Standing Committee on Weights and Measures created by the last Congress, is urged to a careful examination of the condition of weights and measures, and to report such a remedy, as will give to the whole country a uniform standard of both. The advantages of the French, or metric system are fully sustained, and its adoption advocated, which would probably induce England to do the same, and thus the weights and measures of the civilized world gradually became uniform. The article concludes as follows:

"We do not suppose that Congress will have the least objection to the metric system, but the difficulty that may cause it to hesitate in adopting and enforcing it will arise from the annoyances caused by such enforcement. These are inseparable from all changes, but they rapidly pass away, and leave in their stead a hearty rejoicing over the success of the reform. It was so with the reform in our coinage. The act of Congress swept away the 6 $\frac{1}{2}$, 12 $\frac{1}{2}$, 18, and 20 cent

pieces of foreign coinage, and substituted the dime and half dime. And who does not rejoice? Our currency is national now; it truly represents the decimal system. All business transactions quickly and easily conformed to the change. So it would be with weights and measures. If Congress would fix a day eighteen or twenty-four months in advance when the metric system should be practically observed, all persons would inform themselves concerning it; it would become a topic of newspaper information; every arithmetic would have the tables founded on it, and every commercial college would teach it. Scales, weights and measures would be formed from the standard furnished by Congress to the several States, and the country in this way would cast off the present unsystematized weights and measures, and glide into the practical workings of one of the most complete, capacious, and simple systems that science has given to the world. Following this home-reform would be a like international advance, sweeping away the difficulties that now interpose between the nations of the earth making known to each other the statistics of their wealth and annual production, their commerce and social condition. If these great and much-needed reforms do not prevail against all objections to the change, we shall be much deceived in our estimate of the intelligence of the public."

Correspondence.

DOMESTIC.

"Army Itch."

EDITOR OF MEDICAL AND SURGICAL REPORTER:

There are two recent notices of a disease called "army itch," in your journal; one in November 25th, and the other in January 6th. The last is a request for a treatment "which had proved eminently successful." This request is made of Dr. BUTLER, of Vermont, and I hope he will reply to it, but I believe it can do no harm for me to give a plan of treatment which I have found "eminently successful" in this annoying malady.

"Army itch" is not even a good common name, for it would seem to indicate that the disease was generated and propagated by the army. I certainly saw and treated the same disease seven years ago.

The pathology of the disease does not appear to be made out. If we could have all physical properties of prurigo, as described in books, and add to it the additional qualification of infectiousness, then we would have a good definition of the complaint. Or, if we modify the characteristic features of scabies, by saying that the eruption attacks the outer or more exposed portions of the body and limbs, instead of the inner, as seen in the latter disease, then we would de-

[JAN. 27, 1866.]

CORRESPONDENCE.

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scribe very accurately the malady under consideration.

"Army itch" appears to be a disease *sui generis*. It is a true skin disease. It attacks all (under certain circumstances), except the very young, and the very aged. It is infectious, but only in a moderate degree. It is generally caught by sleeping with, or wearing the clothes of an infected person. I have seen two or three members of the same family suffering with it, while the others remained perfectly free from it. Inquiry revealed the fact that the affected party occupied the same bed.

It is doubtful whether it would ever get well unassisted. It does not long remain a simple itching, but will, if not cured, run through the varied progression of erythema, lichen, eczema, impetigo, and psoriasis, and may even be complicated with boils.

The disease appears to be independent of any eruption. Sometimes the itching is terrible, without any visible eruption, and, indeed, the latter appears to be the effect of the scratching, and not the malady itself.

You will perceive that in this random and hurried sketch that it is not my design to give a systematic description of the disease, but to give a treatment, which, although not new, is so satisfactory in my experience, that from my former dread and annoyance of seeing it, and treating it, that now I have no difficulty whatever. I cannot but remark that I believe the prime cause of the disease to be an entozoa, similar in some respects to the *acarus scabiei*, and yet distinct from it. I shall be laughed at, and may perhaps deserve to be, for saying so, having never seen the animal, yet the phenomena all point in that direction so strongly, that I should look upon the actual discovery of the small grubber as only confirmatory.

I am indebted to my friend Dr. KNOX, of this place, for calling my attention to the following treatment, which may be found in CONDIE on Diseases of Children.

Precipitated sulphur 3j., molasses one-fourth pint. Mix, and give a tablespoonful (more or less according to age), three times a day.

Sublimated sulphur 3ij., mix in one-fourth pound of lard, and anoint the body at bed time.

This treatment is to be continued one week, during which time the patient must not wash—except hands and face—and the clothes must not be changed during that time. At the end of a week wash perfectly clean, and put on perfectly clean clothes that have been boiled. So thorough must the cleansing be, that all the bed clothes

should be replaced by perfectly pure and fresh clothing. The doffed garments, before they are used, must be perfectly cleansed and boiled.

If at the end of the week there remains any eruption or itching, let him report to you. But you will seldom be troubled with him again.

E. A. WOOD, M. D.

McKeesport, Pa, Jan. 11, 1866.

Nitrous Oxide Gas in Surgical Operations.

EDITOR MEDICAL AND SURGICAL REPORTER:

In your number for January 6th, 1866, is a letter from the distinguished surgeon J. M. CARNOCHAN, of New York, respecting the use of nitrous oxyde gas in operations. In this he states:

"This is the first capital operation performed under the influence of the gas since the great discovery of WELLS of Hartford, 22 years ago," etc.

By turning to pages 52 to 68 of the work called *Anæsthesia*, published in 1859 by Hon. TRUMAN SMITH, in defense of WELLS before Congress, you will find a full account of an amputation performed by me, in 1848, 18 years ago—with a success fully equal to that attained since, either by gas or chloroform. This was the first amputation. The same reasons are there given for preferring the gas to other anæsthetics, which are urged by Dr. CARNOCHAN. Probably he was unaware of this operation when he made the above statement.

In that case WELLS himself gave the gas.

Very respectfully yours,

P. W. ELLSWORTH.

Hartford, Conn., Jan. 12, 1866.

Injection of Persulphate of Iron in Varicose Veins.

EDITOR MEDICAL AND SURGICAL REPORTER:

I notice in the last number of the REPORTER another reference to the subject of treating varicose veins, by the injection of the persulphate of iron. Having used the persulphate successfully in these cases, I wish to suggest, that the quantity and strength of the solution should depend on the size of the vein to be obstructed. The quantity usually recommended is entirely too small for large veins. When the operation was first proposed, one of the objections made to it was that a portion of the clot might be dislodged, and float into the general circulation.

It is possible that this might occur, if the solution used was very weak, but not if it was strong enough to produce a large and firm clot. It should be recollected that varicose veins not only undergo a change of size, but of structure and function. The structure is modified by the thickening of the walls, and the obliteration of the valves

—the function is interrupted partly by these mechanical impediments, and partly by the loss of sensibility, the result of these anatomical changes. This loss of sensibility accounts for the slight inflammation which usually follows this operation. The plan I adopt is to make a saturated solution of the salt, and to inject from fifteen to thirty drops *full strength* directly into the vein, and to repeat the operation at as many points as seems necessary. Nothing unpleasant has occurred from the use of this strong solution, and for reasons already given, I believe it to be safer than a weak one. There is not the least difficulty in penetrating the vein with the point of the syringe, and the precaution of exposing the vessel by incision, must in most cases be unnecessary.

M. M. LATTA, M. D.

Goshen, Indiana, Jan. 11, 1866.

News and Miscellany.

Medical Commencement at Yale College.

The annual commencement of the Medical Department at Yale College took place on Thursday evening last, President WOOLSEY directing the exercises. The following was the order of proceedings:

Prayer by President WOOLSEY. Presentation of Prizes—1st Bently Prize, \$20, to L. M. GILBERT, A. B.; 2d Bently Prize, \$10, to Mr. THOS. I. MINOR. Hooker Prize—Pocket case of Instruments, to ALBERT E. MERRILL, M. D. Honorable mention of L. A. L. ANGLES, M. D., J. I. AVERILL, M. D., S. H. BRONSON, M. D., and SETH HILL, M. D. Valedictory by SETH HILL, M. D. Address to Graduates by Dr. G. W. RUSSELL, of Hartford. Presentation of Degrees.

The following are the names of the graduates, each of whom received the degree of Doctor of Medicine:

L. A. L. ANGLES, of France; JAMES JUDSON AVERILL, New Haven; S. C. BARTLETT; STEPHEN H. BRONSON, New Haven; ALBERT C. HALLAM, Winsted; SETH HILL, Bridgeport; WILLIAM E. HITCHCOCK, Richmond, Va.; ALBERT EUGENE MERRILL, Barkhamstead; Z. ROJAS DE MOLINA, San Francisco, Cal.; CHARLES FERRIS MORGAN, Wilton; FENNER HARRIS PECKHAM, Providence, R. I.; FRANCIS J. YOUNG, Lakeville.

The Rev. DAVID MARVIN ELLWOOD and Mr. E. K. LEONARD were graduated as licentiates.

THE AMOUNT OF CASTOR OIL manufactured in the United States is estimated at 300,000 gallons, one-half of which is manufactured by Baker and Brother, New York. This firm imports its castor-bean from the East Indies—about 75,000 bushels annually. The Agricultural Department urges its more extensive cultivation in the United States. The castor-bean plant is stated to be perennial in Los Angeles co., California, growing to the thickness of a man's thigh. In Randolph

co., Illinois, and adjoining counties, it has been cultivated, yielding at least 20,000 to 30,000 bushels a season, the price at present varying from four to five dollars.

Vital Statistics of Mankind.

There are on the globe about 1,288,000,000 of souls, of which

369,000,000 are of the Circassian race.

552,000,000 are of the Mongol race.

190,000,000 are of the Ethiopian race.

176,000,000 are of the Malay race.

1,000,000 are of the Ande-American race.

There are 3,648 languages spoken, and 1,000 different religions.

The yearly mortality of the globe is 3,333,333 persons. Thus at the rate of 91,554 per day, 3,730 per hour, 60 per minute. So each pulsation of our heart marks the decease of some human creature.

The average of human life is 36 years.

One-fourth of the population die at or before the age of seven years—one-half at or before 17 years.

Among 10,000 persons one arrives at the age of 100 years, one in 500 attains the age of 90, and one in 100 lives to the age of 60.

Married men live longer than single ones. In 1,000 persons 65 marry,* and more marriages occur in June and December than in any other months of the year.

One-eighth of the whole population is military.

Professions exercise a great influence on longevity.

In 1,000 individuals who arrive at the age of 70 years, 42 are priests, orators, or public speakers; 40 are agriculturalists, 33 are workmen, 32 soldiers or military employees, 20 advocates or engineers, 27 professors, and 25 doctors. Those who devote their lives to the prolongation of that of others die the soonest.

There are 335,000,000 Christians.

There are 5,000,000 Israelites.

There are 60,000,000 of the Asiatic religion.

There are 160,000,000 Mahomedans.

There are 200,000,000 Pagans.

In the Christian Churches:

180,000,000 profess the Roman Catholic.

75,000,000 profess the Greek faith.

80,000,000 profess the Protestant.

The Army Medical Staff.

Senator WILSON has introduced into the U. S. Senate a bill for the reorganization of the army.

Section 14 provides that the medical department of the army shall hereafter consist of one surgeon-general, with rank, pay, and emoluments of a brigadier-general; one assistant surgeon-general, with the rank, pay, and emoluments of a colonel of cavalry; five medical inspectors, with rank, pay, and emoluments of a lieutenant-colonel of cavalry; sixty-five surgeons, with rank, pay, and emoluments of majors of cavalry; one hundred and forty assistant surgeons, with the rank, pay, and emoluments of captains of cavalry, after three years' service,

* There must be an error here.—ED. MED. AND SURG. REP.

and with the rank, pay, and emoluments of first lieutenants of cavalry for the first three years of service; and five medical storekeepers, with the same compensation as is now provided by law; and the vacancies hereby created in the grade of surgeon and assistant surgeon shall be filled by selection from among the staff and regimental surgeons and assistant surgeons of volunteers, who have served two years during the war: and assistant surgeons who have served three years in the volunteer service, shall be eligible for promotion to the grade of captain.

Small-pox in New York. Compulsory Vaccination.

Dr. SAYRE, in his report to the Board of Health, says:

At the Small-pox Hospital on Blackwell's Island, there were remaining with that disease, on the 1st December, 1864, 45 cases.
Admitted during the year ending

Dec. 1, 1865, 1,151 cases.

Total, 1,196 cases.

Number who died from Dec. 1, 1864, to Dec. 1, 1865, 163

Number discharged in same time, 1,009-1,172

Number remaining Dec. 1, 1865, 24

The number of cases here shown, although frightfully large, is yet but a very small portion of what has actually occurred in the city within the past year. As much the larger portion of cases positively refuse to go to the Hospital, and I have no legal authority to compel them to go, these figures do not give a correct idea of the extent of this disease among us. But, it seems to me, they are sufficiently great to speak in trumpet tongue to our legislators, and urge upon them the absolute necessity of immediately enacting a law for "compulsory vaccination."

Sanitary Condition of the Indians of Washington Territory.

The prevailing diathesis among the Indians of Washington Territory, writes Dr. MACK to the *Boston Med. and Surg. Journal*, is scrofulous, as shown in many chronic ulcerations and ophthalmia. The latter may be greatly owing to the constant smoke, which they keep in their lodges. Phthisis rather common. Their diet is almost exclusively of fish, and they use large quantities of oil, of which they are very fond, liking castor oil, which they call "sweet medicine." Nervous system less active than with the whites, as shown by insensibility to pain, and the slight febrile symptoms that follow wounds, which heal readily. Child-birth, as with other uncivilized races, is easy, and the women soon after labor return to their ordinary duties. Venereal rare; rheumatic pains frequent. Mr. SWAN, a teacher connected with the Indian agency, states that during a small-pox epidemic among them, the disease made great havoc at first, but as soon as they were kept cool in the first stage, and given sufficient nourishment in the secondary fever, no deaths were met with. In an epidemic, further north,

the sufferers had been put out of doors by the rest, with only one blanket and a little nourishment, and had generally died in a short time. In treating Indians, he had made a practice of giving only half the usual doses, with satisfactory results.

— A skeleton of the Aye-aye, a rare and singular animal, has lately been added to the Museum of the Royal College of Surgeons. It is an inhabitant of the island of Madagascar, where it was first discovered by Sonnerat about the year 1780. The specimen brought home by that traveller, and presented by him to the celebrated French naturalist, BUFFON, has remained until within a few years the unique representative in Europe of this remarkable creature.

— Dr. EYSTER, while attempting to cross the Susquehanna at Sunbury, on Sunday, the 14th, made a narrow escape. The wind and cold blinded him, and he stepped into an air hole covered with thin ice. His cries attracted some persons from the shore, who hastened to him with a rope, which was thrown to him, but he was so much paralyzed that he could neither hold it nor tie it around him, but seized it with his teeth, and in this way was rescued from a watery grave.

— TOOTH BRUSHES, made of horse-hair, are coming into use, and are said to be superior to those made of hog-bristles, now in use.

— MEDICAL JURISPRUDENCE.—Among the most approved of recent class-publications in Paris, is a volume by BRILLAND LANJARDIERE, "De l'Infanticide," a medico-legal study.

— COSMOPOLITAN BOTANY.—A congress of European botanists will soon be held in London, with the veteran DE CANDOLLE as president, and the Lord Mayor is to give a grand dinner to the savans.

— It is announced that the next number of "Brathwaite's Retrospect," part 52, will contain a general index for the past two years, and was to be ready for delivery about the 20th inst. The greatly increased demand for the "Retrospect" has exhausted some of the late numbers. Hereafter precaution will be taken to prevent any future disappointment.

— WHEN the Earl of Bradford was brought before Lord Chancellor LOUGHBOROUGH to be examined upon a charge of lunacy which had been brought against him, he was asked,—"How many legs has a sheep?" "Does your lordship mean a live or a dead sheep?" inquired the Earl. "Is it not the same thing?" asked the Chancellor. "No, my lord," returned the Earl. "There is much difference. A live sheep may have four legs—a dead one only two. There are but two legs of mutton; the fore-legs are shoulders."

— MALGAIGNE, the eminent French Surgeon, whose death was recently announced, was born at Charmes-on-Moselle, the 14th day of February, 1806. He graduated in 1831, published in 1834 his "Manual of Operative Medicine," in 1838 his "Treatise on Surgical Anatomy and Experimental Surgery," and in 1840, an annotated edition of the complete works of AMBROISE PARÉ. His other memoirs, and papers on various subjects, are very numerous.

—Brevet Col. JOHN M. CUYLER, Surgeon U. S. A., has been assigned to duty as Post Surgeon at Fort Wadsworth, New York Harbor, and Brevet Lieut. Col. J. BAILEY, Surgeon, has been assigned to duty as Post Surgeon at Fort Warren, Boston Harbor.

—The Galveston Medical College commenced its first course of lectures on the 4th instant, Dr. JOHN H. WEBB is Dean. There are nine professors.

MARRIED.

BAUGHER—WHITEHEAD.—December 28th, by H. L. Baugher, D. D., President of Pennsylvania College, Gettysburg, Pa., L. R. Baugher, Esq., and Miss Jane Gordon Whitehead, daughter of the late Thomas Whitehead, M. D.

COOLEY—ELLIOTT.—January 2d, at the residence of the bride's parents, in Bush River Neck, Hartford County, Md., by Rev. S. A. Hobbs, Dr. John H. Cooley and Miss Nellie B. Elliott, both of that county.

COWLES—WAINWRIGHT.—At Hanover, N. H., December 25, by Rev. J. Q. Bittinger, of St. Albans, Vt., Dr. Edward Cowles, U. S. A., of Fort Independence, Boston Harbor, Mass., and Miss Hattie M. Wainwright, of Hanover.

CROWELL—BURWELL.—At Christ Church, in Winchester, Va., January 16th, by the Rev. William Meredith, Dr. Benjamin M. Crowell, of Albany, Georgia, and Miss L. C. Burwell, eldest daughter of P. C. L. Burwell, Esq., of Winchester, Va.

DOWNY—TORR.—On the 2d inst., in this city, by Bishop Wood, Joseph B. Downy, M. D., of Chicago, and Emma J. Torr, daughter of T. R. Torr, of Lancaster, Pa.

FOWLER—HATCH.—In Savannah, Ga., January 4, in St. John's Church, by the Rev. Mr. McRae, Dr. A. C. Fowler, U. S. N., and Elizabeth H. B., eldest daughter of John B. Hatch, Esq., of Medford, Mass.

LORING—JARVIS.—In Boston, Mass., January 2d, Edward G. Loring, M. D., and Miss Chevalita Jarvis.

MEER—BROWN.—At the residence of George W. Brown, M. D., Port Carbon, Pa., Jan. 10, 1886, by Rev. A. M. Lowry, Mr. Theodore G. Meer, of White Deer Valley, Union County, Pa., and Miss Jennie Brown.

MILLER—MERRIAM.—In New York, Jan. 7, by Rev. John E. Gorsa, Dr. Theodore D. C. Miller, of Hampton, N. Y., and Miss Mary J. Merriam, youngest daughter of John S. Merriam, Esq., of New York city.

MOELLER—MEREDITH.—At the residence of Dr. P. Meredith, Yellow Springs, Ohio, Jan. 9th, 1886, by Rev. D. M. Moore, Mr. Carl C. Moeller, of Chicago, and Miss Sallie E. Meredith.

PAINE—LEWIS.—In New Orleans, December 30, at the residence of the bride's mother, by Rev. J. B. Jobert, J. T. Paine, M. D., of Charlestown, Mass., and Miss Rosa Lewis, of New Orleans.

ROBINS—ALLEN.—In Cambridge, Mass., December 25, by Ezra S. Gannett, D. D., Richard Robins, of Boston, First Lieutenant Eleventh U. S. Infantry, and Miss Mary K. P., daughter of Charles H. Allen, M. D., of Cambridge.

TALBOT—ADAMS.—In Fabius, N. Y., Jan. 9, at the residence of the bride's mother, by the Rev. E. P. Barker, R. W. Talbot, of Fabius, and Minnie, daughter of the late Dr. H. Adams.

TOWARD—WINGATE.—In Augusta, Me., by Rev. Mr. McKensie, Dr. J. W. Toward and Miss Emeline Wingate.

DIED.

BLACKWOOD.—In Haddonfield, N. J., on the 19th inst., Dr. B. W. Blackwood.

BROWN.—At Hooversville, Md., on Friday, Jan. 12, Dr. James E. Brown, aged 57 years.

The Baltimore Sun says: "He was well known in Baltimore as a gentleman of literary attainments. As an analytical chemist he stood very high, and was looked upon as an adept in scientific matters."

FRENCH.—In Manchester, N. H., Jan. 5, of consumption, Mrs. A. Maria French, wife of Leonard French, M. D., aged 40 years and 8 months.

HERRICK.—Dr. Wm. D. Herrick, formerly one of the ablest and most successful physicians and surgeons in Chicago, died on Sunday, Jan. 14, very suddenly, at the insane asylum at Augusta, Me. He had been suffering with mental derangement for several years.

KINGMAN.—In Marion, Mass., Jan. 17, Mrs. Sarah E. Kingman, wife of Dr. G. M. Kingman, of Boston, aged 27.

SHERILL.—In New York, on Tuesday morning, Jan. 16, Dr. Hunting Sherill, of pneumonia, in the 83d year of his age.

WHITE.—At the residence of his mother, in Alleghany City, Pa., December 13, Henry Kirk White, Assistant Surgeon, U. S. V., and son of the late Rev. Robert M. White, of Virginia.

OBITUARY.

David Boyd, M. D.

DIED.—In Albany, Dec. 12th, at the residence of his brother-in-law, Mr. G. H. Thatcher, DAVID BOYD, M. D., aged 58.

The subject of the above notice was for the last thirty years the principal practitioner at Charlton, Saratoga county, N. Y. He graduated at Union College in 1833, when he became the pupil, and finally the successor, of Dr. DAVID LOWE, a physician of much eminence in Saratoga county.

Dr. BOYD attended medical lectures and finished his studies at Fairfield. He had a very extensive practice, and was often called in consultation by neighboring physicians; he was greatly respected for genuine worth as a man and Christian, as well as admired and sought after for his care and skill in the treatment of his cases, both medical and surgical.

To the poor he was a true friend, never refusing to minister to the wants of those in distress.

His disease was cancer of the stomach, which caused him reluctantly to relinquish his business some months previous to his death, in hopes that change of air and repose from labor might be beneficial. But, alas! the disease had made too serious inroads upon a constitution remarkable for vigor, and he passed away from earth, surrounded by his family and friends, lamented by all who knew him well, and painfully reminding us that his place will be hard to fill.

B. A. M.

ANSWERS TO CORRESPONDENTS.

"A Subscriber" in Ohio asks whether our Medical Directory is being prepared merely for our own convenience, or to be published in book form for the benefit of the Profession. We answer, that if we shall succeed in making it anything like complete, we propose to publish it, if sufficient inducements are offered to do so. In the mean time, if we can make any use of it for our own benefit, or that of the Profession, we shall not fail to do so. Even one complete list of the regular practitioners in the United States would be very valuable to the Profession.

Dr. J. W. B., Washington, D. C.—Instruments for Endoscopy are preparing, and we will let you know when they can be had. They will not be ready for some weeks.

Dr. W. W. Thomson, Conn.—Garrod's essentials of the Materia Medica, and the U. S. Dispensatory, will meet your requirements the best of any works we know of.

Dr. I. H. S., Triadelphia, W. Va.—Slade on Diphtheria, sent by mail, January 16th.

Dr. E. J. H., Morrisville, Vt.—Slade on Diphtheria, sent by mail, January 16th.

Dr. C. M., Manassas, Va.—Slade on Diphtheria, Chapman's Observations on Diphtheria; Bauer's Orthopedic Surgery, and Tanner on Poisons, sent by mail, January 16th.

Dr. J. H. G., Philo, Ohio.—Turnbull on Deafness, sent by mail, January 16th.

Dr. A. G. W., Pittsburgh, Pa.—Paul F. Eves' Cases in Surgery, sent by mail, January 16th; and 40 numbers of REROSIS, by mail, January 22d.

Dr. A. S. S., Lewisburgh, Pa.—Lalmond on Spermatorrhoea, sent by mail, January 16th.

Dr. W. L. A., Cochecon, N. Y.—Byford on Uterus, sent by mail, January 16th.

Dr. F. S. G., Huntington, Ind.—Chambers' Renewal of Life, sent by express, January 16th.

METEOROLOGY.

Jan. 1886.	8.	9.	10.	11.	12.	13.	14.
Wind.....	N.	N. W.	N. W.	S. W.	S. E.	S. W.	N. W.
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....		River closed.					
Thermometer.....	14°	20°	20°	13°	27°	32°	30°
Minimum.....	10°	7	20	33	34	40	38
At 8 A. M.....	9°	23	31	38	41	48	35
At 12 M.....	10	20	33	43	42	47	29
At 3 P. M.....	8.60°	16.	30.25	31.75	36.	41.75	33.
Mean.....							
Barometer.....							
At 12 M.....	31.	30.6	30.2	30.1	30.1	29.9	30.2

* Below Zero.

Germantown, Pa.

B. J. LEXDON.